

Department of Homeland Security U. S. Coast Guard CG PSC-7221 (Rev. 6/03)		Retired Allotment Authorization Form																																																																									
SSN	Name (Last, First, MI)		Rank/Rate																																																																								
PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment																																																																											
Purpose of request: <input type="checkbox"/> Start Allotment <input type="checkbox"/> Stop Allotment <input type="checkbox"/> Change Allotment <input type="checkbox"/> Change of Allotment Address <input type="checkbox"/> Savings Bond Request (See Reverse)																																																																											
Blanket Code (If known): Start Amount: Month of First Deduction:		Stop Amount: Month of Last Deduction:	(Applies to Stops & Changes) Enter allotment # from LES:																																																																								
ALLOTMENT TYPE Enter type of allotment from table on reverse of this form:																																																																											
ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION Complete if allotment is to be paid by EFT Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking Allotee Name (person/company who will receive allotment) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Routing Transit Number (RTN) (can be obtained from the financial institution or found on the bottom of a check or deposit slip) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Check Digit Account Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Account Title _____ (Account Holder's Name) Financial Institution Name _____																																																																											
Bond Allotment Request: Fill out this portion to start, stop or change a bond. If you wish to change the amount, owner, co-owner, or beneficiary of an existing bond, you must stop the existing bond and start a new bond. (Note: Bonds less than \$100.00 face value are not authorized to be carried forward into retirement.) Purpose of request: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change (Allotments Only) <input type="checkbox"/> Change of Address Bond Face Value Amount (circle one) \$100.00, \$200.00, \$500.00, or \$1000.00 Series: <input type="checkbox"/> "E" <input type="checkbox"/> "II" Frequency of Bond Issuance (check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Tri-Annual Owner's Name: _____ SSN _____ Co-Owner's Name: _____ SSN _____ Beneficiary Name: _____ SSN _____ <small>Note: Member may only select Co-Owner OR Beneficiary per bond.</small>																																																																											

Table of Rules

Code	Limit	Type	Use
S	One	Savings	Payable to any financial institution, other than a finance company, provided the institution is capable of receiving payment through Electronic Fund Transfer (EFT).
H	One	Mortgage	Payable for loans for the purchase of a home, mobile home or trailer used as a residence by the retiree.
N	One	NSLI	National Service Life Insurance premiums.
L	No Limit	Loan	Payable ONLY to Coast Guard Mutual Assistance or morale fund offices and the allotment MUST have a stop date.
T	No Limit	Indebtedness	Payable to IRS or other Government agency and MUST have a stop date.
B	No Limit	Bond (Series EE or I)	Payable to any person the retiree designates. Minimum face value denomination is \$100.
D	No Limit	Dependent	Support of dependents, including a former spouse.
I	No Limit	Insurance	Payable to any insurance company for payments of insurance premiums for the life of the retiree or retiree and family.
I	One	VGLI	Payable to the Office of Servicemember's Group Life Insurance (OSGLI) for Veterans Group Life Insurance. This allotment cannot be started through PSC--it must be started through OSGLI, Newark, NJ, ☎1-800-419-1473
M	One	Insurance	Payable to the Navy Mutual Aid Association.
O	One	AAFES	Army Air Force Exchange Service DPP Program
X	No Limit	Dues	Payable to CPOA, CWOA, Academy Alumni Association, Coast Guard Foundation, Naval Aviation Museum Foundation, and CGHQ Mutual Assistance Campaign.

Privacy Act Statement: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate the type of allotment member requested. Routine Use(s) - Updating allotment information. Disclosure - Disclosure is voluntary	Member's Signature		Date:
	For PSC Use Only		
	Action Completed:	Initials:	
Date:			